



Emergency Rental Assistance Program Tenant Application User Guide

MAIN WEBSITE:
dfs.wyo.gov/erap
CALL CENTER:
1-877-WYO-ERAP

CONSIDERATIONS FOR YOUR ONLINE APPLICATION EXPERIENCE



INTERNET CONNECTIVITY

Please ensure that you have a **stable internet connection** that will allow you to complete the application with minimal interruptions. For an optimal browsing experience, we suggest that you use the latest public release of any one of the following web browsers:

- [Google Chrome](#)
- [Mozilla Firefox](#)
- [Microsoft Edge](#)
- [Apple Safari](#)

Internet Explorer is NOT supported

PLEASE NOTE: The online application portal supports the use of mobile and tablet-based browsers. We recommend that you have all required supporting documentation loaded on your mobile or tablet device before you begin your application.



DOCUMENT UPLOAD

As part of the application, you will be required to upload supporting documentation. **Please ensure that these documents are saved and uploaded as .pdf, jpeg, .jpg, or .png.**



APPLICATION SIGNATURE

After completing the application, you will be asked to **read, acknowledge, and agree to eligibility and release statements** related to acceptance and use of federal funds.



USER RESPONSIBILITY

As with all official State of Wyoming forms and documents, **you are responsible for the completeness and accuracy of all information that you provide in the application portal.** The portal provides limited computation, validation or verification of the information you enter on the form, and **you are responsible for entering all required information. Failure to do so may result in your application being delayed or disapproved.**

TENANT ONLINE PORTAL APPLICATION GUIDE

This document provides an overview of the Wyoming ERAP online application portal and the required steps to complete an application. Applicants should review this user guide in its entirety to confirm their program eligibility (see the "Prescreen" page of the application). It is best to prepare the required documentation before beginning the online application.

Supporting documentation for the ERAP application includes the following:



PROOF OF IDENTITY

NOTE: You do NOT need to be a U.S. Citizen or legal permanent resident to apply for or receive assistance under the State of Wyoming Emergency Rental Assistance Program.

ONE of the following types of proof of identification is required for the primary applicant:

- A valid (or expired eight years or less) photo driver license or photo identification card issued by the State of Wyoming, another State, or any outlying possession of the United States
- International Passport or Passport Card valid or expired 5 years or less
- U.S. Permanent Resident Card or Alien Registration Receipt Card
- An ID card issued by any federal, State, or local government agency or entity, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
- Verifiable employer-issued ID card provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address



PROOF OF HOUSEHOLD ELIGIBILITY

Depending on how you qualify, **at least ONE** document will be required.

Loss of income:

- Approval letter for unemployment benefits
- Pay stubs before and after income loss
- Letter from employer showing a decrease in income

Significant costs incurred:

- Copies of medical, child care, transportation, or other significant expenses your household has incurred as a result of COVID

Other financial hardship

- Approval letter for federal, state or local government assistance programs (e.g., Medicare, SNAP, TANF)

**AT RISK OF
HOUSING
INSTABILITY OR
HOMELESSNESS**

Risk of experiencing housing instability or homelessness:

- Written past due rent or utility bill showing arrears
- Notice of an eviction lawsuit or eviction court hearing date for nonpayment of rent
- A written attestation from you explaining unsafe or unhealthy living conditions or other evidence of risk

Written Attestation

A written attestation from your Housing Provider, employer, caseworker or a verifiable and independent third-party can be accepted in lieu of the above documents. Attestations should come on letterhead of the organization (where applicable) and include, at a minimum, name of attester, title, name of organization, address phone number, email address, and relevant information about you or your household member(s).

Self Attestation

If any of the above documents cannot be provided, a household member's financial hardship can be documented by a written attestation signed by the applicant.



**PROOF OF
INCOME**

One or more of the following documentation types is required of all applicants, demonstrating the household's income, in accordance with the income selection of (1) annual or (2) monthly at time of application.

Applicants will be required to provide income documentation for **every adult member of the household.**

Depending on the sources of household income, documentation **MAY** include any **one or more** of the following:

- a) Pay stubs and other statement of wages or salary (including statements from PayPal, Venmo or CashApp payments for gig workers)
- b) Copy of Form W-2 as filed with the IRS for the household for calendar year (CY) 2020
- c) Copy of Form 1040 as filed with the IRS for the household for CY 2020 (first two pages only)
- d) Unemployment insurance compensation statement
- e) Bank statements demonstrating income deposits or other regular income
- f) Interest earned statement from your financial institution for CY 2020
- g) Pension statement(s), social security award letter(s), retirement benefits
- h) Documentation of receipt of income-qualifying assistance, such as that from programs including SNAP, TANF, SSI, Medicaid
- i) Written attestation from employer or government agency indicating wages earned or government assistance provided to a household member
- j) For self-employed individuals, year-to-date profit/loss statement or other documentation of income from the operation of a business or profession, including direct payments for services
- k) Documentation of Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts
- l) Documentation of child support, alimony, or foster care payments

SELF ATTESTATION

Self Attestation

If any of the above documents cannot be provided, a household member's financial hardship can be documented by a written attestation signed by the applicant.

Examples of financial hardship include, but are not limited to:

- Reduced hours or lost job;
- Leaving work to care for children, elderly, or disabled family members;
- Leaving work due to being in an at-risk group, or having a family member in an at-risk group;
- Medical costs, child care costs and/or funeral and burial costs related to COVID-19.

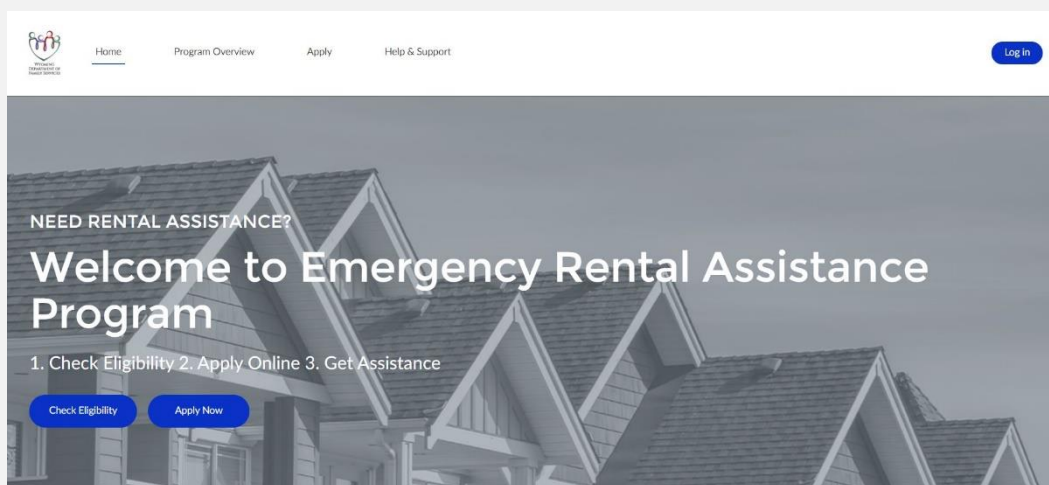
Waiver of Documentation

The Wyoming Department of Family Services may waive the documentation requirement for proof of income for the following reasons:

- If necessary to accommodate a disability;
- Extenuating circumstances due to the pandemic; or
- Lack of technological access.

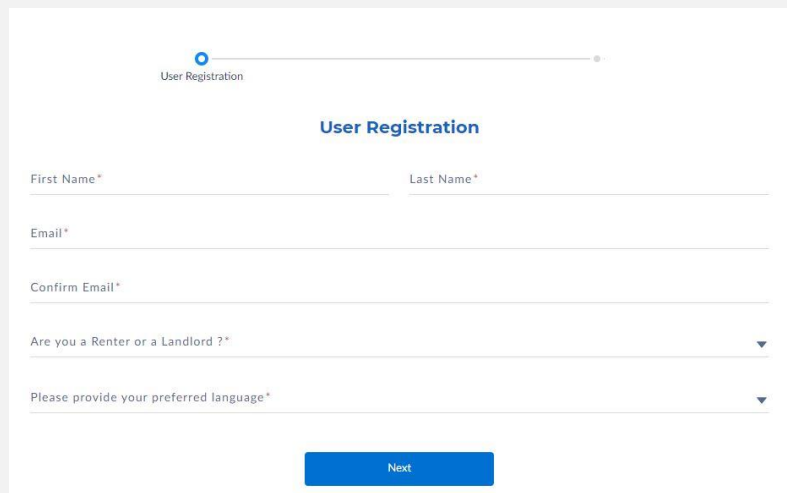
HOMEPAGE

- ☐ Visiting the [online portal](#) will take you to the homepage where you will have access to an Overview of the ERAP program, the option of creating a new application, the log in page for returning applicants, and access to help and support resources.
- ☐ Click **Apply Now** to begin the registration process.



REGISTER NEW ACCOUNT (FIRST TIME LOGGING IN)

- ☐ Enter your first and last name, provide an **email** and indicate whether you are a renter or landlord.



The image shows a 'User Registration' form. At the top, there is a progress bar with a blue circle indicating the current step. Below the progress bar, the title 'User Registration' is centered. The form contains several input fields: 'First Name*' and 'Last Name*' (split into two columns), 'Email*', 'Confirm Email*', 'Are you a Renter or a Landlord ?*' (a dropdown menu), and 'Please provide your preferred language*' (a dropdown menu). At the bottom of the form, there is a blue button labeled 'Next'.

VERIFY YOUR ACCOUNT

- ☐ A **verification link** will be sent to the email address provided above. Here is an example of the email message:



The image shows an example of a verification email. The email is addressed to 'Dear Applicant,' and thanks the recipient for their interest in the WY Emergency Rental Assistance Program. It provides the username and a link to complete registration. It also includes instructions on how to complete the application process and a contact center number for questions.

Dear Applicant,

Thank you for your interest in the WY Emergency Rental Assistance Program.

Username:
To complete your registration, please [Click Here](#)

Before you begin the application process, **please read the [Application User Guide and FAQs](#)** to understand the application and program eligibility requirements. Once your application is submitted you will not be able to edit your application. Please ensure you complete the entire application completely and accurately, and confirm you have uploaded all documentation required.

Upon successful submission of your application, you will receive an email confirmation.

For any questions you may have about the program guidelines or application process, please call the Contact Center at (xxx) xxx-xxxx between 8:00 am and 9:00 pm Monday through Friday.

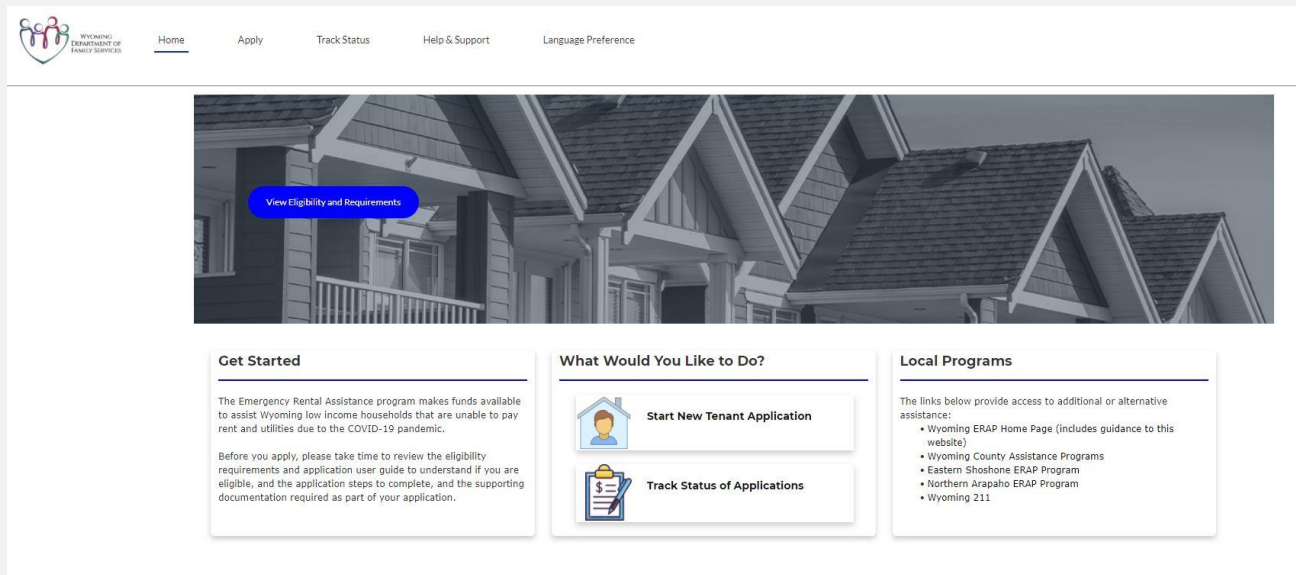
Sincerely,
WY ERAP Team

CREATE PASSWORD

- ❑ Click the link to verify your email address and to **create a password** to log in to your new account.

START NEW APPLICATION

- ❑ Click [here](#) to start a new application.
- ❑ After successfully logging in to your new account on the portal, begin a **new application** by clicking **Start New Tenant Application** on the homepage.



RETURN TO AN APPLICATION

- ❑ To return to an application in progress, log in to the [portal](#) with your email address and password. If you have forgotten your password, you can create a new one by clicking "forgot your password?" and a new verification link will be sent to your email address.

The login form is set against a teal background. It features two white input fields: the first is labeled "Username" with a person icon, and the second is labeled "Password" with a lock icon. Below these fields is a prominent blue "Log in" button. At the bottom of the form, there are two links: "Forgot your password?" and "Not a member?".

- ❑ Once logged into the portal, click on **Track Status** at the top of the screen.
- ❑ If you have already started an application, the Case Number, Status, and Rental Property Address will appear.
- ❑ Click on three horizontal dots in the top right corner and click **Edit**. This will bring you back to the first page of the application, but your information will be pre-populated in the system.

Home Apply Track Status Help & Support

I Am a Tenant

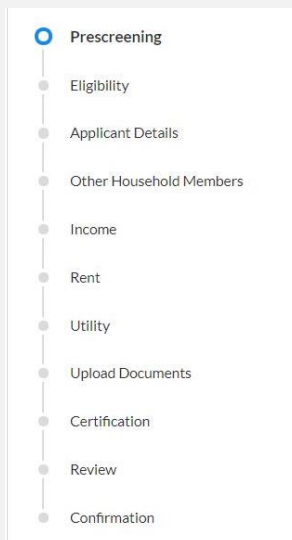
If you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menu!

Case Number 00001142	Edit
Status Not Submitted	
Rental Property 3534 East Willett Drive, 100, Laramie, WY 82072	

Note: If you have already completed your application, the Status will state "Submitted" and no further action will be required of you at this time.

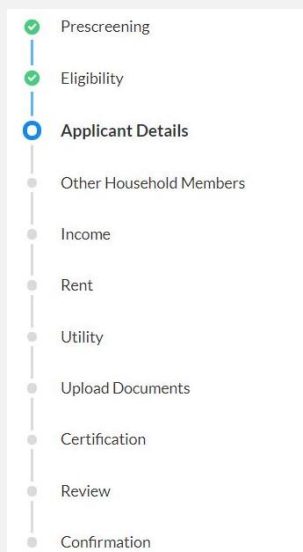
PORTAL FUNCTIONALITY

- On any page of the application, you will be able to monitor your progress both on the current page and throughout each phase of the application using the gateway icons on the **right** panel.



- Validation rules** have been built into the application to let you know if data is missing, has been entered in an incorrect format, or whether your responses indicate if you're eligible for the program.
- Please note that **you are responsible for answering each question completely and accurately.**
- If you accurately answer a question and you are provided with an **eligibility error**, please **DO NOT change, or override your response** to complete the application.

- ❑ On each subsequent page of the application, the progress will be updated, and previously completed pages will show a green check mark.



- ❑ **Mandatory fields** are indicated with an **asterisk (*)**

* Employment status

PREScreenING

The **Prescreening** page presents key questions that can help determine ERAP eligibility.

- ❑ Indicate whether your residence is located on the Wind River Reservation by selecting the “Yes” or “No” button.

Note: Households located on the Wind River Reservation are NOT eligible for the program. They may be eligible for the Northern Arapaho and Eastern Shoshone rental assistance programs.

* Is the residence for which you are seeking rental/utility assistance located on the Wind River Reservation?

☐ Yes ☐ No

- ❑ Enter how many **members** reside in your unit and **physical address** (number, street, city, zip and state) of the rental unit for which assistance is requested. Include all renters named on the lease agreement, any minor children living in the home, and any other individuals living in the household on a regular basis, meaning more than 50% of the time for which you are seeking assistance.

*How many members resides in the rental unit?

*Provide the physical address of the rental unit for which you seek assistance

- ☐ Indicate whether your landlord is an immediate family member by selecting either the “Yes” or “No” button. Examples of immediate family members include, but are not limited to parents, children, or siblings.

* Is your landlord an immediate family member?

☐ Yes ☐ No

- ☐ Indicate whether your name is on the lease agreement for the rental unit by selecting either the “Yes” or “No” button.
- Applicants are required to be listed in the lease agreement to be eligible for this program.

* As the applicant and tenant, is you or your household member’s name on the lease agreement for the rental unit?

☐ Yes ☐ No

- ☐ Enter the **total annual household** income for 2020 in the open field. The total annual household income should reflect the sum of all income earned by the adult household members.
- Applicants’ 2020 total annual household income or current income (based on the last 2 months) is required to be within the 80% AMI limits by the respective county.
 - **Please refer** to the State of Wyoming Emergency Rental Assistance Program “Applicants Frequently Asked Questions” for the AMI table (Appendix A).

ver Reservation?

*What is your total household Annual Adjusted Gross Income?

\$

Required

What is your total annual household income for 2020 (or your expected annual income for 2021, based on your last two months of income)?

Eligibility

Applicant Det

Other House

- ☐ Since March 13, 2020, select each scenario that applies to you by selecting the check boxes. An applicant must have experienced at least one of these scenarios:
- Qualified for unemployment benefits
 - Experienced a reduction in income
 - Incurred significant costs
 - Been unemployed for the last 90 days prior to submitting this application
 - Experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak
 - Experienced housing instability or homelessness

Since March 13,2020, have you (check all that apply) ⓘ

- ☐ Qualified for unemployment benefits
- ☐ Experienced a reduction in income
- ☐ Incurred significant costs
- ☐ Been unemployed for the last 90 days prior to submitting this application
- ☐ Experienced other financial hardship due directly or indirectly to the COVID-19 outbreak?
- ☐ Experienced housing instability or homelessness

- Indicate whether you are applying because of a request from your landlord, or a system generated email by selecting the "Yes" or "No" button.
- If "Yes", enter the application request number provided by your landlord in the open field.


* Have you received an email confirmation from the WY Emergency Rental Assistance Program that your landlord submitted an application?

☒ Yes ☐ No

Please enter the **Landlord Application Code** from the confirmation email

- ☐ Once the Prescreening steps are completed, confirm the residence address by clicking the **Confirm Entered Address**.

Confirm Address



Default address: The address you entered was found but more information is needed (such as an apartment, suite, or box number) to match to a specific address.
: The address you entered is not validated, if it is valid address, please click confirm entered address button to continue the application.

You Entered:

Laramie
WY
82072
Albany County

ELIGIBILITY

Based on responses to the Prescreening questions, an applicant will be notified if they may be eligible to apply.



You are likely eligible for Rental Assistance, Continue Application

- ☐ Carefully **read and understand the eligibility requirements** as outlined in the Frequently Asked Questions to confirm that you are eligible for the program.
- ☐ **Answer each question honestly and do not override accurate responses in order to participate in this program** if your truthful answers indicate you are ineligible. There may be other programs and resources available to you, as indicated in our FAQs.
- ☐ Responses to other questions within the application may lead to a determination of ineligibility.

APPLICANT DETAILS

The Applicant Details page captures basic information about the applicant.

- ☐ Complete the **Application Information** section by entering:
 - First and Last Name
 - Date of Birth
 - Gender
 - Social Security Number
 - Race and Ethnicity
 - Marital Status
 - Employment Status
 - Type of Photo Identification

▼ Applicant Information

* First Name

John

Middle Name

* Last Name

Smith

Suffix

* Date of birth

03/14/2002

* Gender

Male

▼

Age

19

* Do you have a Social security number?

☒ Yes ☐ No

* SSN/TIN

* Race

☐ American Indian or Alaska Native
☐ Asian
☒ White
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ No Response

* Ethnicity

☐ Hispanic/Latino
☒ Non-Hispanic/Non-Latino
☐ No Response

Marital status

▼

Employment status

▼

* Type of Photo ID ⓘ

- ☐ If you are using a **Driver's License** for your eligible photo ID, please enter the "Driver's License Number" and the "State" of issuance.

* Type of Photo ID ⓘ

Driver's License

▼

* Driver's License Number

Required

* Driver's License State

WA

▼

Note: You will be required to upload a photocopy or picture of your eligible Photo ID to the Upload Documents Section later in the application.

- ☐ Enter your current **Mailing Address** and confirm your **Contact Information**.

▼ Applicant Mailing Address

* Address WY, USA Apt # 100

▼ Applicant Contact Details

* Phone number Required * Re-enter phone number (805) 666-3232

* Email Required * Re-enter email

* Preferred method of contact Email * Preferred language English

Previous Next

- ❑ In the open field provided under **Self Attestation for COVID-19 Impacts** you will need to describe how COVID-19 has impacted you through qualification of unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship
 - On the upload documents screen, you will need to attach supporting documentation to demonstrate a loss of income, significant cost, and/or other financial hardship (e.g., Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, Approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker or government agency).

▼ Self Attestation for COVID-19 Impacts

* Please describe how COVID-19 has impacted you through qualification of unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship.

Previous Next

- ❑ Click **Next** to continue with the application.

OTHER HOUSEHOLD MEMBERS

- ☐ After entering your details, you are required to add the information for any other household members in the next page by clicking **Add Household Members**.

Other Household Members

Other Household Members

FIRSTNAME	GENDER	RELATIONSHIP

Note: Applicants who live alone may just click "Next" to continue with the application. A roommate who is also listed on the lease agreement or has a different lease agreement should apply separately.

- ☐ For **each additional household member**, enter the following information and click **Save**.
 - First and Last Name
 - Date of Birth
 - Relationship to the applicant

Other Household Members

* First Name

* Last Name

* Does this person have a Social security number?
☐ Yes ☐ No

* Date of birth

Age

Marital status
 ▼

Race
☐ American Indian or Alaska Native
☐ Asian
☐ White
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ No Response

Middle Name

Suffix

SSN/TIN

Gender
 ▼

Employment status
 ▼

* Relationship
 ▼

Ethnicity
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ No Response

- ☐ Once the details for all other household members are saved, click **Next** to continue.

Other Household Members

Other Household Members

FIRSTNAME

GENDER

RELATIONSHIP

Add Household Members

Previous

Next

INCOME

- ☐ Add **all sources of income** for each household member by clicking **Add Income**.

Income

Income

EMPLOYER NAME 2020 TOTAL ANNUAL INCOME FROM THIS SOURCE HOW WILL YOU PRESENT YOUR INCOME?

Add Income

Previous Next

Steps

- Prescreening
- Eligibility
- Applicant Details
- Other Household Members
- Income
- Rent
- Utility
- Upload Documents
- Certification

- ☐ For each source of household income, enter the following **required information** and click **Save**.
 - Select which household member the income pertains to
 - The Income Type
 - 2020 Annual Income from this Source of Income
 - How the Income will be presented in the application (IRS 1040, Current 2021 Income, 2020 Annual Income)

Income

*Household member

* Income type

Required

Employer name

* 2020 Total annual income from this income source (e.g. W2)

Required

* How will you present your income?

Required

Last months income

Prior months income

Cancel Save

- ☐ After saving the required information for each source of household income, click **Next** to continue.

Income

Income

EMPLOYER NAME	2020 TOTAL ANNUAL INCOME FROM THI...	HOW WILL YOU PRESENT YOUR INCOME?
Myer Inc.	\$18,000.00	2020 Annual Income
Unemployment Benefits	\$12,000.00	Current 2021 Income

Add Income

Previous

Next

Steps

- Prescreening
- Eligibility
- Applicant Details
- Other Household Members
- Income**
- Rent
- Utility
- Upload Documents
- Certification
- Review
- Confirmation

RENT

- ☐ Indicate whether you pay rent to an individual or a company by selecting either the "Individual" or "Company" button.
 - If **Individual**, enter their information as noted in the lease:
 - Name (first, middle, last)
 - Landlord address (number, street, city, zip and state)
 - Contact information (phone number and email address)

Landlord Details

* Type

☒ Individual ☐ Company

* First name

* Last name

* Email

* Phone number

* Address

Apt #

- If **Company**, enter their information as noted in the lease:
 - Company Name
 - Address (number, street, city, zip and state)
 - Contact Information (phone number and email address)

*Type
☐ Individual ☒ Company

*Company name

*First name

*Last name

*Email

*Phone number

*Address

Apt #

- ☐ Indicate whether you have received a 7-day eviction notice by selecting either the “Yes” or “No” button.
- ☐ Indicate whether you have received court eviction paperwork with a hearing date by selecting either the “Yes” or “No” button.

> Landlord Details

✓ Rent Details

*Have you received a 7 day eviction notice?
☐ Yes ☐ No
 Required

*Have you received court eviction paperwork with a hearing date?
☐ Yes ☐ No
 Required

*Lease start date

*Lease end date

Required

*Is this your current lease?
☐ Yes ☐ No
 Required

- ☐ Enter your lease information, including:
 - ☐ Lease start date
 - ☐ Lease end date
 - ☐ Indicate whether this is your current lease by clicking the “yes” or “no” button

* Lease start date

* Lease end date

* Is this your current lease?
☒ Yes ☐ No

- ☐ Add each month you are seeking assistance for by clicking **Add Rent** and entering the following information:

Add Rent Due Details

MONTH APPLYING FOR

MONTHLY RENT AMOUNT

HAVE YOU RECEIVED PAST DUE RENT N...

Add Rent

Previous

Next

- ☐ Enter the Rent Details for each month you are applying for assistance, the **Amount Requested** field will automatically be calculated based on the information you provide, which must include the following:

- Month applying for
- Monthly rent amount
- Monthly rental insurance amount
- Amount received as Rental Assistance from another Federal or State program
- Indicate whether you have received a "past due rent notice"
 - If "Yes", enter any applicable late fees in the "Late fee/Court fee" field

Add Rent Due Details

* Month applying for

* Monthly rent amount

Monthly rental insurance amount(If annual, divide by 12)

Late fee / Court fee

Amount received as Rental Assistance from another Federal or State program

Amount requested from this program

\$0.00

* Have you received past due rent notice?

☐ Yes ☐ No

Cancel

Save

NOTE: Click the "Add Month" Button and enter the above information individually for each month of assistance

UTILITY

- ☐ Indicate whether your utilities are included in your rent or provided by your current landlord by selecting either the "Yes" or "No" button
- If "No", indicate whether you are seeking utility assistance by selecting either the "Yes" or "No" button

Utility

*Are all of your utilities included or provided by your current landlord?

☐ Yes ☒ No

*Are you seeking utility assistance?

☒ Yes ☐ No

Please add utility

Add Utility

MONTH APPLYING FOR	AMOUNT OWED	IS THIS AMOUNT PAST DUE?

Add Utility

Previous

Next

Steps

- Prescreening
- Eligibility
- Applicant Details
- Other Household Members
- Income
- Rent
- Utility**
- Upload Documents
- Certification

- ☐ If you are seeking utility assistance, separately add each utility by clicking **Add Utility** and entering the following information as listed on invoice:
 - ☐ Month applying for
 - ☐ Utility Type (e.g., electric, water, gas, etc.)
 - ☐ Utility provider account number
 - ☐ Utility provider name
- ☐ If your provider's details are not displayed, please provide the following utility provider information:
 - ☐ Legal business name
 - ☐ Phone number
 - ☐ Business address
 - ☐ Amount owed
 - ☐ Late fee (if applicable)
 - ☐ Any amount received as utility assistance from another Federal or State program
 - ☐ Indicate whether amount is past due
 - ☐ If "Yes", enter any applicable late fees

Add Utility

*Month applying for

*Utility Type

*Utility provider account number

Utility provider:

Please enter the provider details, if its not displayed above.

Utility provider legal business name

Utility provider legal business name

Utility provider business address

*Amount owed

Late fee

Amount received as Utility Assistance from another Federal or State program

Amount requested from this program

\$0.00

*Is this amount past due?

☐ Yes ☐ No

Cancel

Save

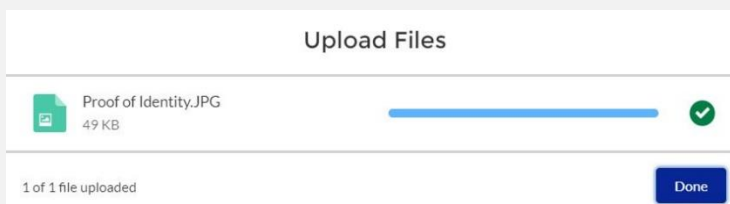
(NOTE: Assistance requested from this program will be automatically calculated from the provided information)

(NOTE: Click the "Add Utility" Button and enter the above information individually for each month you require utility assistance)

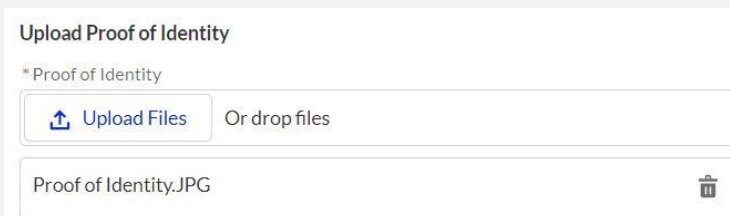
UPLOAD DOCUMENTS

Applicants must upload all **required source documents** to the application. This includes photocopies or pictures of the following:

- ☐ **Proof of Identity**
 - ☐ **Lease Agreement**
 - ☐ **Rent Notice(s) (If seeking rent assistance)**
 - ☐ **Utility Bill(s) (If seeking utility assistance)**
 - ☐ **Proof of Income**
 - ☐ **Other Documents (if applicable)**
- ☐ Upload your relevant documents for each section. A green check mark will show when a document is uploaded, then click **Done**.



- ☐ You can delete an uploaded document by clicking the "trashcan" icon to the right of each document.



You will need to attach supporting documentation to demonstrate a loss of income, significant cost, and/or other financial hardship (e.g., Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, Approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker or government agency).

- ☐ If you do not have appropriate documentation, please complete the self attestation form, this can be found at dfs.wyo.gov/erap, which will be used in place of supporting documentation. This is a written statement that permits the documentation of eligibility for the program based on any ONE or MORE of the following criteria:
- Financial Impact (e.g., unemployment, reduction in income, significantly increased expenses, or other financial hardship)

- Housing Impact (e.g., risk of housing instability or homelessness)
- Residence (e.g., proof of residence at an eligible rental unit in the absence of a lease/rental/sublease agreement)

Carefully read each section and complete **ONLY** the applicable criteria sections for which you are unable to provide the required supporting documentation and thus needing to self-attest.

The screenshot shows a form titled "Upload Proof of Identity" with a sub-label "* Proof of Identity". Below it is a file upload area with "Upload Files" and "Or drop files" buttons. This is followed by "Upload Lease Agreement" with sub-label "* Lease or Rental Agreement", "Upload Past Due Rent Notice / Eviction Notice" with sub-label "Past Due Rent Notice/Eviction notice", "Upload Utility Bill" with sub-label "Utility Expense", "Upload Proof of Income" with sub-label "* Income Verification", and "Upload Other Documents" with sub-label "Other documents". Each of these sections has a corresponding file upload area. At the bottom, there is a note: "Please attach supporting documentation to demonstrate loss of income, significant cost, and/or other financial hardship (e.g. Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household incurred as a result of COVID, Approval letter for federal, state, or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency). The use of written attestations from third parties (e.g. from employer, caseworker or government agency may result in delayed processing of your application due to the additional time and effort required to validate their assertions. A self-attestation can be used for this required documentation if necessary, this can be found in the user guide." Below this note is a sub-label "* Upload Documentation for proof of COVID-19 Hardship" and another file upload area. At the bottom right are "Previous" and "Next" buttons.

Please note that the use of self-attestations will result in a delay in the processing of your application, may require additional information from you or result in limitations to the amount of assistance available to you.

- ☐ Once all the required information is uploaded, click **Next** to continue.

CERTIFICATION

- ☐ Indicate whether you are submitting this application on someone else's behalf by clicking the "Yes" or "No" button.
 - If **yes**, enter your personal information as the **preparer** of their application including:
 - First and Last Name
 - Phone Number
 - Email

The screenshot shows a form titled "Are you submitting this application on someone else's behalf?". Below the title are two radio buttons: "Yes" (selected) and "No". Below this are four input fields arranged in two columns. The left column has fields for "* Preparer's first name" and "* Preparer's phone#". The right column has fields for "* Preparer's last name" and "* Preparer's email".

- ☐ Read the **Statements of Attestation** and fill in the bubbles that are relevant to your application to certify that the information is accurate to the best of your knowledge and click **electronically sign** to authorize.

STATEMENTS OF ATTESTATION

Please read the following statements carefully and only attest to those statements that relate to you and your application:

- ☒ I/We attest that all information provided in this application for the Emergency Rental Assistance is correct and complete to the best of my/our knowledge.
- ☒ I/We attest that my/our household is eligible for participation in the Emergency Rental Assistance program because one or more of my/our household members: qualified for unemployment benefits, or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
- ☒ I/We attest that I have a lease agreement and rental obligation for the rental unit and over the monthly period(s) for which assistance is sought under this application.
- ☒ I/We attest that my/our household is at risk of experiencing homelessness or housing instability, which may include (i) a past due utility or rent notice or eviction notice, (ii) unsafe or unhealthy living conditions, or (iii) any other of risk of experiencing homelessness or housing instability.
- ☒ I/We attest that my total household income qualifies for assistance and does not exceed 80 percent (80%) of the area median income in which my rental unit is located.
- ☒ I/We attest that the total amount of monthly income submitted in this application for the Emergency Rental Assistance Program is complete and accurate.
- ☒ I/We attest that my household has not received, is not currently receiving, and does not anticipate receiving, assistance from another source of public or private subsidy or assistance that covers the same costs of rental or utility obligation submitted under the Emergency Rental Assistance Program.

Signed By
Smith John

Signed Date
04/21/2021

- ☐ Indicate that you have read and understand the **Acknowledgements** and an electronic signature.

ACKNOWLEDGEMENTS

- ☒ I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the Emergency Rental Assistance Program.
- ☒ I/We understand that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain these funds may be punishable under the state, federal or local law, including under 18 USC 1343 by imprisonment of not more than thirty years and/or a fine of up to \$1,000,000 and Wyo. Stat. Ann 6-3-402 by imprisonment for not more than ten years and/or a fine up to \$10,000.
- ☒ I/We also understand that false statements or information will be grounds for denial of my/our application, termination of rental or utility assistance, and/or debarment from participating in other current or future assistance programs.
- ☒ I/We understand that this is an application for assistance and signing this application does not bind the Emergency Rental Assistance Program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- ☒ "I/We have no objection to inquiries from the State of Wyoming or its designee to its agencies and instrumentalities for the purpose of verifying the facts herein stated and hereby consent to disclosure of information between such entities, including providing additional documentation if needed or as part of random and routine audits."
- ☒ I/We have no objection to inquiries from the State of Wyoming, XXXXX, or designees, for the purpose of verifying the facts herein stated.
- ☒ I/We have received, read and understand the Emergency Rental Assistance Program eligibility requirements, program guidelines and compliance requirements.
- ☒ I/We understand that we may be subject to future audits and I/We agree to cooperate in providing information for any future audit.

☒ I/we have read and understand the acknowledgements above

Signed By
Smith John

Signed Date
04/21/2021

- ☐ Indicate that you have read and understand the **Authorization to Release Information** and the **Fair Credit Reporting Act Authorization**.

AUTHORIZATION TO RELEASE INFORMATION

- Your signature on this form authorizes the Emergency Rental Assistance Program to use this authorization and the information obtained with it, to administer and enforce rules and policies.
- Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from, but is not limited to: courts, law enforcement agencies, landlords, past and present employers, Social Service Agencies, utility companies, and unemployment benefits.
- By signing this form, I authorize the above persons, firms or corporations to make available any documents or records to the Emergency Rental Assistance Program for inspection and copying.

I hereby authorize the Emergency Rental Assistance Program to publish information regarding me/my household (not including personally identifiable information) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts.

☒ I have read and understand the authorization above

Signed By
Smith John

Signed Date
04/21/2021

FAIR CREDIT REPORTING ACT AUTHORIZATION

You understand that by clicking on the I AGREE button immediately following this notice, you are providing 'written instructions' to the State of Wyoming ("the State") under the Fair Credit Reporting Act authorizing the State to obtain information from your personal credit profile or other information from Experian. You authorize the State to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name for the State of Wyoming Emergency Rental Assistance Program.

☒ I Agree


Signed By
Smith John

Signed Date
04/21/2021

Previous

Next

☐ Provide an **electronic signature** for each, then click **Next** to continue.

 Thank you for your submission! You will receive an email confirmation for your records, but you may also [print your request](#). You may track the status of your request on the [Applications](#) page.

REVIEW

Review the information you have provided prior to submitting the application, including:

- ☐ Tenant Name
- ☐ Phone Number
- ☐ Email Address
- ☐ Rental Property Address
- ☐ Landlord
- ☐ Household Members
- ☐ Total Rent Assistance Required
- ☐ Total Utility Assistance Required
- ☐ AMI Percentage

Review

Please review your application before submit.

Tenant

Smith John

Phone

Email

Rental Property/Unit Address

WY, USA

Landlord

Household Members

2

Annual Household Income

Total Rent Assistance

Total Utility Assistance

Area Median Income Percentage (AMI)

Steps

- ☒ Prescreening
- ☒ Eligibility
- ☒ Applicant Details
- ☒ Other Household Members
- ☒ Income
- ☒ Rent
- ☒ Utility
- ☒ Upload Documents
- ☒ Certification
- ☒ Review
- ☐ Confirmation

Previous

Submit

- ☐ After reviewing the information above, click **Submit**.

CONFIRMATION

Once the application is submitted, a Confirmation will appear with the Application Number.

- ☐ Click **Done** to complete your Wyoming ERAP Application.

Confirmation

Your Rent Assistance Application # _____ was submitted.
We'll update you on your application status throughout the approval process by email.
Refer to Application # _____ if you contact us.
Thank you!

Done

Steps

- Prescreening
- Eligibility
- Applicant Details
- Other Household Members
- Income
- Rent
- Utility
- Upload Documents
- Certification
- Review
- Confirmation**

DOCUMENT / INFORMATION	EXAMPLES
Source Documentation	<ul style="list-style-type: none"> <input type="checkbox"/> Government Issued Photo Identification (e.g. Driver's License, Passport, Military ID, U.S. Permanent Resident Card, etc.) <input type="checkbox"/> Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance <input type="checkbox"/> Proof of Income for each household member (e.g. 2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months) <input type="checkbox"/> COVID-19 impact on income (e.g. 2019 Pay Statements or 2019 W2 compared to 2020 Pay Statements or 2020 W2) <input type="checkbox"/> Unemployment benefit statement or Form 1099-G <input type="checkbox"/> Relevant eviction notice or statement/letter of past-due rent <input type="checkbox"/> Utility bill(s) for the amount you are requesting assistance
Driver's License Sample	